



## Support for Child/Legal Dependent 2020-2021

Name \_\_\_\_\_ ID# \_\_\_\_\_

You indicated on your FAFSA that you have a child or legal dependent who receives more than 50% of their support from you. You must clearly demonstrate how you support yourself and provide for their support. Support includes money, housing, food, clothing, medical care, and similar expenses. Please answer the questions below.

Name of Child	Age	Relationship to You

Where does the child/children named above live?       With the student       Other (please explain below)

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Did you claim the child/children named above as a dependent on your 2018 or 2019 Federal Income Tax?

Yes     No

*(If No, please list the name of the person who claimed the child as a dependent and their relationship to you).*

Name	Relationship to You

Were you claimed as a dependent on someone else's 2018 or 2019 Federal Income Tax Return?  Yes     No

*(If Yes, please list the name of the person who claimed you as a dependent and their relationship to you).*

Name	Relationship to You

Please complete the table below regarding your income for 2018 or 2019.

Income (Amounts should be for the full year)	Amount Received
Earnings from all employment	\$
Unemployment benefits for the year	\$
Withdrawals from savings or retirement accounts	\$
Social Security benefits	\$
Welfare benefits (TANF, AFDC, WIC, SNAP etc.)	\$
Child Support received	\$
Alimony received	\$
Cash received from family	\$
Cash received from friends	\$

Please complete the table below listing you and your dependents expenses for 2016. If you did not pay an expense, please list the name of the person or agency that paid the expense.

Expenses	Monthly Charge	Name of Person or Agency	2018 or 2019 Amount
Housing (rent, mortgage)			
Utilities			
Food			
Auto			
Medical/Dental			
Child Care			
Other Expenses			

Comments \_\_\_\_\_  
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*The Office of Financial Aid may request additional documentation to verify the information contained in this form.*

Signature \_\_\_\_\_ Date \_\_\_\_\_